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CIBT-P01-058   CIBT-P01-058	pplication Numbe	the Consolidated Appropriations Ac		CIBT-	Docket Number (Optional)	
Application Number 09/499526 Filed February 10, 2000  For METHODS AND REAGENTS FOR TREATING GLUCOSE METABOLIC DISORDERS  Art Unit 1647 Examiner R. M. Deberry  This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Yee	pplication Numbe		rt, 2005 (H.R. 4818).}	0,5,	-P01-058	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above dentified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Yee   Small Entity Fee	or METHODS	r 09/49952		Filed Feb	oruary 10, 2000	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above dentified application.  The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee   Small Entity Fee		AND REAGENTS FOR TREAT	ING GLUCOSE MET	ABOLIC DISORDER	s	
chentified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):    Fee	rt Unit 1647	,		Examiner	R. M. Deberry	
Year   Cone month (37 CFR 1.17(a)(1))   S120   S60   S120.00	lentified applicatio	n.				
X   One month (37 CFR 1.17(a)(1))   \$120   \$60   \$120.00     Two months (37 CFR 1.17(a)(2))   \$450   \$225   \$     Three months (37 CFR 1.17(a)(3))   \$1020   \$510   \$     Four months (37 CFR 1.17(a)(4))   \$1590   \$795   \$     Five months (37 CFR 1.17(a)(5))   \$2160   \$1080   \$     Applicant claims small entity status. See 37 CFR 1.27.   A check in the amount of the fee is enclosed.   Payment by credit card. Form PTO-2038 is attached.   X   The Director has already been authorized to charge fees in this application to a Deposit Account.   X   The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number   18-1945   I have enclosed a duplicate copy of this sheet.   I am the	ne requested exte	nsion and fee are as follows (ch	neck time period desi	red and enter the app	propriate fee below):	
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NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative (page 1200). The property of the p	The Director Deposit According to the Tam the	applicant/inventor.  assignee of record of the ent Statement under 37 CFR attorney or agent under 37 CRegistration number if acting Signature  David P. Halstead, Ph.D.	any fees which may lany fees which may lany fees which may land fees the fees which may land fees which may land fees the fees the fees which may land fees the fees the fees which may land fees the fees the fees the fees the fees which may land fees the fees	De required, or credit sed a duplicate copy DER 3.71. (Form PTO/SB/96). 44,735  July 3  0 (617) 9	any overpayment, to of this sheet.  1, 2006 ate	
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